

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ C C00571372	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee The Stoneridge Group, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 11 / 2016	
Mailing Address 4400 North Point Parkway Suite 190		Amount 29350.59	
City Alpharetta	State GA	Zip Code 30022	Transaction ID : 001
Purpose of Expenditure Direct Mail Production		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 01 / 07 / 2016
Name of Federal Candidate Marco Rubio		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee The Stoneridge Group, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 11 / 2016	
Mailing Address 4400 North Point Parkway Suite 190		Amount 40728.52	
City Alpharetta	State GA	Zip Code 30022	Transaction ID : 002
Purpose of Expenditure Direct Mail Postage		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 01 / 07 / 2016
Name of Federal Candidate Marco Rubio		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	70079.11
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Charles R. Spies

[Electronically Filed]

Date

MM / DD / YYYY
01 / 13 / 2016

Signature

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(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee The Stoneridge Group, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 11 / 2016
Mailing Address 4400 North Point Parkway Suite 190		Amount 10965.32
City Alpharetta	State GA	Zip Code 30022
Purpose of Expenditure Direct Mail Production	Category/ Type 004	Transaction ID : 003 Date of Disbursement or Obligation MM / DD / YYYY 01 / 07 / 2016
Name of Federal Candidate Marco Rubio		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee The Stoneridge Group, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 11 / 2016
Mailing Address 4400 North Point Parkway Suite 190		Amount 12862.15
City Alpharetta	State GA	Zip Code 30022
Purpose of Expenditure Direct Mail Postage	Category/ Type 004	Transaction ID : 004 Date of Disbursement or Obligation MM / DD / YYYY 01 / 07 / 2016
Name of Federal Candidate Marco Rubio		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	23827.47
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	93906.58

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Charles R. Spies

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Date

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